

CITY OF ATLANTA
DEPARTMENT OF FINANCE – LICENSE DIVISION
55 Trinity Ave. SW Suite 1350
Atlanta, Georgia 30335-0317
(404) 330-6213

A FINAL RETURN

Date: _____

In order to cancel your Business License Record, it will be necessary for you to submit a final return on your actual gross volume of revenue and number of employees for the period of time operated in your last year of business in Atlanta.

Please complete the reverse side of your current year's Business License Certificate and return to us **OR** Complete the following form in its entirety and mail to us along with your current year license certificate.

- (1) License Number _____
- (2) Date of Change of (Ownership) or (Termination) _____
- (3) Dollar volume for number of months in business \$ _____
(For year stated on line two, in Atlanta)
- (4) Number of (equivalent) full-time employees _____
- (5) Name and address of new owner, if any _____

MAILING ADDRESS

Applicant's Signature: _____

Name _____

Address _____

City _____ **State** _____

Current Telephone Number _____

Sworn to and subscribed before
me this the _____ day of _____,

_____.

NOTARY PUBLIC